

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35955

State File No.

Registrar's No.

FILED NOV 10 1943  
Registration District No. 337

Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Simpson hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three weeks  
In this community Forty one years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Aubrey M. McCully

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 26th, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 15 hr. min.

9. Birthplace Soue City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist  
Same

11. Industry or business

12. Name John M. McCully  
13. Birthplace Shelby Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Rawlings  
15. Birthplace Shelby Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. O. Worthy

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 10-13-1943  
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Missouri

18. (a) Signature of funeral director William R. Ballew

(b) Address Shelbina Missouri

19. (a) Nov 3 43 (b) Malcolm Good  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Shelbina  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1943 hour 11 minute 15 A. M.  
21. I hereby certify that I attended the deceased from June 1  
1943 to Oct 18 1943  
that I last saw him alive on Oct 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chronic nephritis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. L. Simpson (M. D. or other) MD  
Address Shelbina Mo. Date signed Oct 16 43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-43-1772

Date Filed NOV 5 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*W. Hawkins*

Licensed Embalmer No. 3498

P. O. Address Shelburne

Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.